

PRINT OR TYPE IN BLACK INK



## WELL DRILLING AND COMPLETION REPORT

For instructions on completing this form, visit the Division's website at [www.dec.ny.gov/energy/205.html](http://www.dec.ny.gov/energy/205.html) or contact your local Regional office.

FOR DEPARTMENT USE ONLY

Reviewed by _____		Date _____		Well Type _____	
WELL NAME AND NUMBER 57			API WELL IDENTIFICATION NUMBER 31 - 0 9 7 - 1 2 8 5 8 - 0 0 - 0 2		
WELL OWNER (Full Name of Organization or Individual as registered with the Division) INERGY MIDSTREAM LLC.					
TYPE OF REPORT <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Final		TYPE OF WELL <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		TYPE OF WELL BORE <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal	
If the well is a directional or sidetrack, also submit a complete directional survey					
TYPE OF OPERATION <input checked="" type="checkbox"/> Drill <input type="checkbox"/> Plug Back <input type="checkbox"/> Deepen <input type="checkbox"/> Convert		WELL TYPE (Test data, if available, must be noted on page 2 of this form) <input type="checkbox"/> Gas Production <input type="checkbox"/> Geothermal <input type="checkbox"/> Brine <input type="checkbox"/> Dry Hole <input type="checkbox"/> Injection <input type="checkbox"/> Brine Disposal <input type="checkbox"/> Oil Production <input checked="" type="checkbox"/> Stratigraphic <input type="checkbox"/> Storage <input type="checkbox"/> Other (Specify) _____			
FLUIDS PRODUCED OR INJECTED <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Brine <input type="checkbox"/> Fresh Water <input type="checkbox"/> LPG <input type="checkbox"/> Other (Specify) _____		TYPE OF COMPLETION <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple <input type="checkbox"/> Other (Specify) _____			
7 1/2 MINUTE QUAD NAME READING CENTER		QUAD SECTION F			
LOCATION DESCRIPTION		Decimal Latitude (NAD83)		Decimal Longitude (NAD83)	
Surface 0' 0'		4 2 . 4 1 1 9 8 1		7 6 . 8 9 0 8 7 9	
Top of Target Interval		.		.	
Bottom of Target Interval		.		.	
Bottom Hole 2,429 2,429		.		.	
TVD TMD					
PRODUCING FORMATION(S) SYRACUSE SALT		DEEPEST FORMATION PENETRATED SYRACUSE SALT		DRILLING CONTRACTOR(S) DRILLERS LLC.	
For vertical wells, use TMD to record depths					
COUNTY SCHUYLER		DATE DRILLING COMMENCED Month 8 Day 15 Year 2011		DRILLED WITH CABLE TOOLS (TMD) From _____ ft. to _____ ft.	
TOWN READING		DATE DRILLING COMPLETED Month 8 Day 18 Year 2011		DRILLED WITH ROTARY TOOLS (TMD) From 0 ft. to 2,429 ft.	
FIELD/POOL NAME US SALT		DATE FINAL COMPLETION/RECOMPLETION Month 8 Day 18 Year 2011		ROTARY DRILLING FLUID <input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Mud	
DRILLER'S TD (ft.) 2,429 TVD 2,429 TMD	LOGGER'S TD (ft.) 2,296 TVD 2,296 TMD	PLUG BACK TO (ft.) ____ TVD ____ TMD	KICKOFF DEPTH (ft.) ____ TMD	ELEV. (ft.) 692 <input type="checkbox"/> Topo <input checked="" type="checkbox"/> Survey	
				DATUM (ft.) 692 <input type="checkbox"/> DF <input type="checkbox"/> KB <input checked="" type="checkbox"/> GL	
If the well was NOT plugged back completely with cement, also file a Plugging Report (form 85-15-8) to show the details of the plug back					
LIST ALL WIRELINE LOGS RUN—SUBMIT TWO (2) COPIES OF EACH <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Resistivity <input checked="" type="checkbox"/> Density <input type="checkbox"/> Neutron <input type="checkbox"/> Mud <input checked="" type="checkbox"/> Directional <input type="checkbox"/> Induction <input type="checkbox"/> Temperature <input checked="" type="checkbox"/> Caliper <input checked="" type="checkbox"/> Sonic <input checked="" type="checkbox"/> Others (Specify) SBT CEMENT BOND, HR VERTILOG				WELL CORED <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sidewall <input type="checkbox"/> Conventional	
				CUTTINGS COLLECTED FOR STATE <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
CASING STRINGS	HOLE SIZE	PIPE SIZE	GRADE/WT.	NEW OR USED	DEPTHS SET (TMD)
Drive Pipe or Conductor	EXISTING	14"	30		CASING 80' CENTRALIZERS BASKETS
Surface or Water					
Intermediate					
Production	EXISTING	8 5/8"	32#		2296'
Liners					
CEMENT DATA	CLASS/TYPE OF CEMENT	NUMBER OF SACKS	SLURRY WT. (ppg)	YIELD (ft. <sup>3</sup> /sx)	VOLUME (ft. <sup>3</sup> )
Drive Pipe or Conductor					CEMENT TOP (TMD) W.O.C. (hrs.)
Surface or Water					

## WELL DRILLING AND COMPLETION REPORT

ATTACH ADDITIONAL INFORMATION AS NECESSARY

WELL NAME AND NUMBER 57		API WELL IDENTIFICATION NUMBER 31-097-12858-00-02											
P R E C O M P L E T I O N	TYPE OF TEST (dst, bail, etc.)	ZONES TESTED (TMD)		DURATION OF TEST (hrs.)	FLUID TYPES AND AMOUNTS PRODUCED AND OTHER DATA								
		ft. to	ft.										
		ft. to	ft.										
		ft. to	ft.										
C O M P L E T I O N	COMPLETION EQUIPMENT: List tubing, packer, rods, pump, bridges, etc.; note sizes and depths								WELL COMPLETED OPEN HOLE (TMD)				
	2296' - 8 5/8" 32# CASING @ SURFACE 8 5/8" X 11" WELLHEAD AND TEST FLANGE .								ft. to ft.				
	PERFORATED INTERVALS (TMD)		NO. OF SHOTS		PERFORATED INTERVALS (TMD) Continued		NO. OF SHOTS						
	ft. to	ft.		ft. to	ft.								
S T I M U L A T I O N	ZONES TREATED (TMD)		DETAILS: type and volume of materials, rates, breakdown psi, average treatment psi, isip, etc.										
	ft. to	ft.											
	ft. to	ft.											
	ft. to	ft.											
	ft. to	ft.											
	ft. to	ft.											
P R O D U C T I O N	FORMATION TESTED		GAS TEST		OIL TEST		INITIAL SHUT-IN PRESSURE						
			<input type="checkbox"/> Build Up		<input type="checkbox"/> Open Flow		<input type="checkbox"/> Pump		<input type="checkbox"/> Flow		Surface _____ psi.		
			<input type="checkbox"/> Drawdown								Bottom Hole _____ psi.		
U N C O N S O L I D A T E D  R E C O R D  O F  F O R M A T I O N S	DURATION OF TEST	FLOWING TEST DATA		Tubing		Casing		S.I. Tubing		S.I. Casing		S.I. Time	
	hrs.	Choke	in.	psi	psi	psi	psi	psi	psi	psi	psi	hrs.	
	PRODUCTION	Oil	Water	Gas	GAS MEASURED BY		TEST STARTING DATE						
	bpd	bpd	mcfpd	<input type="checkbox"/> Orifice	<input type="checkbox"/> Pitot	<input type="checkbox"/> Estimated							
B E D R O C K  F O R M A T I O N S	DEPTH IN FEET (TVD)	DEPTH IN FEET (TMD)	FORMATION NAME		DESCRIBE ROCK TYPE AND RECORD QUANTITY AND TYPE OF FRESH WATER, BRINE, OIL AND GAS								
	0	0	-----		Ground Surface (Elevation)								
		515	TULLY										
		1,465	MARCELLUS										
		1,490	ONONDAGA										
		2,035	SYRACUSE SALT										